

-Hospitals- Bronson Methodist

Bronson Hospital

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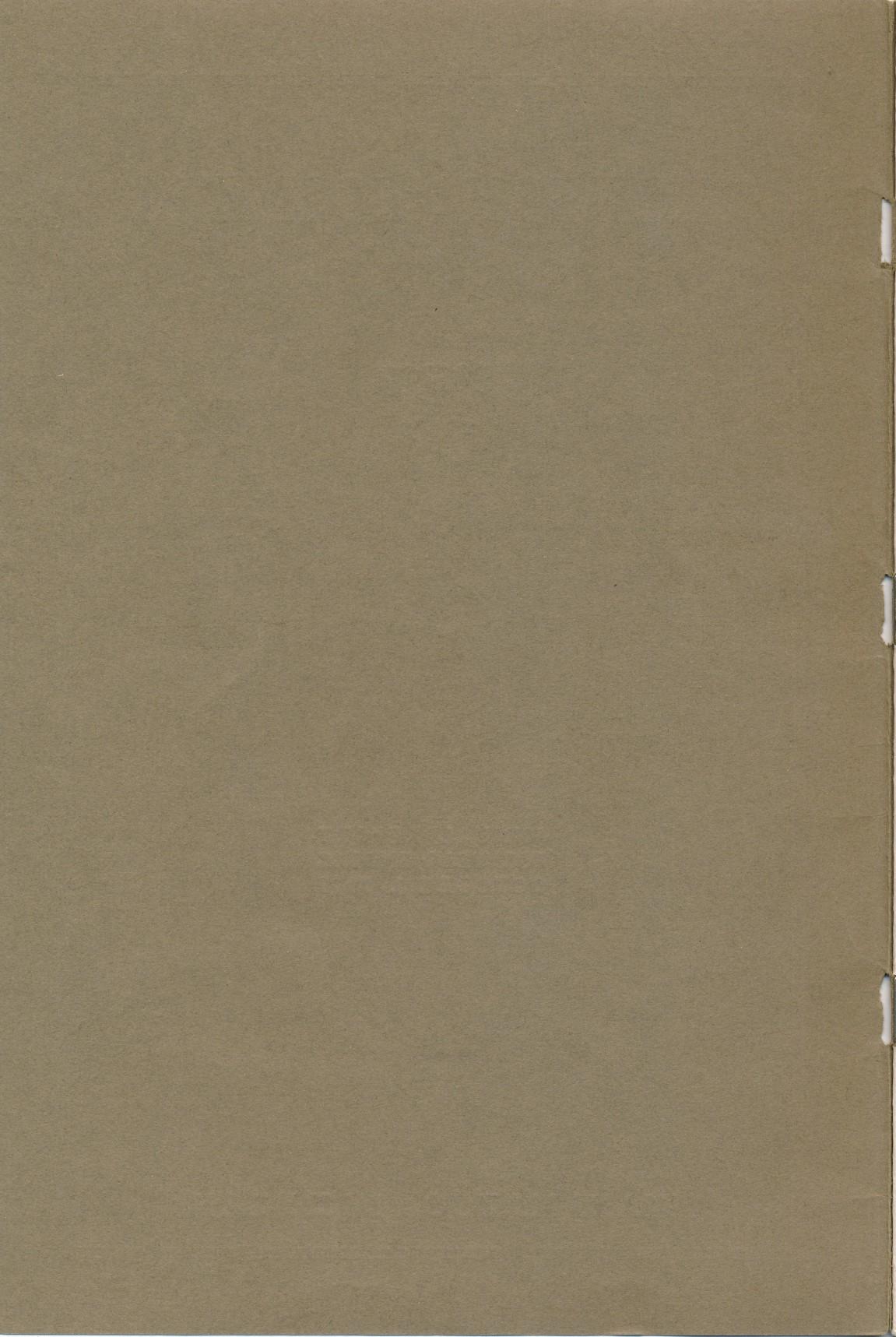
HISTORY ROOM



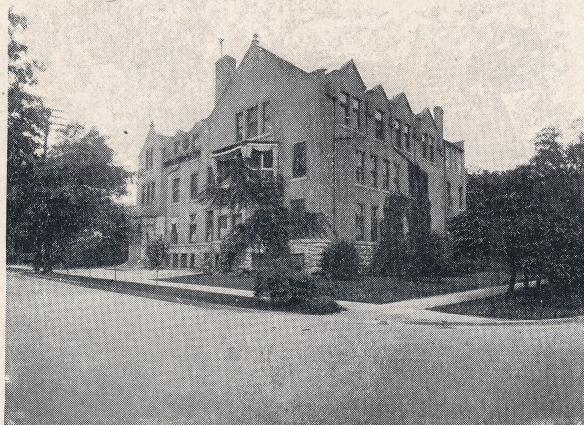
ANNUAL REPORT  
FOR YEAR ENDING  
OCTOBER 1, 1917

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## F O R E W O R D

The Board of Directors and Officers of the Bronson Hospital feel that the net results of the hospital's activities for the past year are sufficiently deserving of merit to warrant a more extensive publication than is possible in the local news columns. In order to show this more in detail this annual report is published. It is perhaps less than it should be, but will serve for a beginning with the hope that year by year improvements may constantly take place. It is the intention of this report to give facts in such a way as to be of interest, both to the medical and hospital profession, and also to those not entirely familiar with medical terms and forms of treatment. Since it is believed that the greatest asset which a hospital has is the number of people cured or improved, this phase of the work will receive the greatest attention.

The chief functions of a hospital are: To care for and to cure or improve as many as possible of those patients who come to it for treatment; to aid in the education of the public concerning prevention and cure of diseases; and to train nurses. These are accomplished by providing the attending physicians with the best quality of hospital technique possible, and by demonstrating this to patients in caring for them. As the efficiency of a factory is determined by the amount of finished product it can turn out in a given time, so is the efficiency of a hospital determined by the number of patients it can improve or restore to health in a given time. From the patient's viewpoint, all other considerations than *end results* should be held as of only secondary importance.

By maintaining the best surgical technique and institutional environment, by effective professional attention, by good nursing and by an adequate supply of wholesome and nourishing food, it is often possible to return a patient to a wage-earning capacity in a relatively short time. In addition to the benefit accruing to the patient and his family, the shortest bed occupancy consistent with good results, renders possible a larger number of admissions and thus increases the efficiency of the hospital and its usefulness to the community.

The results in the Eye, Ear, Nose and Throat, Surgical and Obstetrical Services will bear comparison with those in the best hospitals in the country. The low mortality rate in these departments could not be had without a high grade of both nursing and surgical services.

The relatively higher death rate on the Medical Service is explained by the fact that in this community most medical cases are cared for at home and only the desperately ill patients, or those with incurable disease are brought to the Institution for care.

It is the policy of the hospital to be entirely frank and open to the public in regard to its activities. While the mortality rate has been extremely low for an open institution, yet there is, as in all hospitals, a death rate. That all may know the conditions associated with these deaths there is appended a brief

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abstract of these cases. From these it will be noted that there were among the seventeen deaths in the operated cases, only seven which were not mostly hopeless from the beginning. Operations are justifiable in these cases, however, as the only possible hope which the patient has, and has resulted, during the year, in the recovery of several cases, which without operation would surely have died.

#### **Open Hospital**

Bronson Hospital is open to all Physicians in good standing. It has enjoyed very gratifying patronage from doctors both in Kalamazoo and from the surrounding cities and towns. In all 88 doctors have contributed patients to the hospital during the past year. Of this number 50 are Kalamazoo physicians.

Bronson Hospital is a non-sectarian institution for the care of all illnesses, except Insanity, active contagion, Pulmonary Tuberculosis and incurable invalidism. It has, however, perhaps from necessity, rather than choice, developed into an institution more for surgery and surgical specialties, than other lines of treatment.

In the succeeding pages it is attempted to show specifically the number of patients treated, what they were treated for and the results. It is believed that the results detailed are such as should inspire public confidence in the Institution and merit the moral and financial support of those living within the zone which it serves.

#### **Requisites for Admission**

The only requisite for admission is the need of hospital care. Patients of every denomination, creed or no creed at all are received without discrimination; the desire paramount to all others being to alleviate suffering and to cure disease.

#### **A Charitable Institution**

The hospital was founded and is maintained as a charitable institution. According to its charter no individual or body can divert a single dollar for gain. Whatever surplus there may be when the running expenses are paid must be devoted to the improvement of the Hospital or the aid of the sick and needy patients. Being an organization run without profit it is at once evident that *a hospital of itself cannot bestow charity. It can only do so to the extent that it is given endowments or other forms of gifts.* Many people, however, do not stop to consider this self-evident fact. They think that because a hospital is not run for commercial profit, it should give free treatment to all who apply, regardless of its financial condition. This is neither common sense or true philanthropy.

*The people must be made to feel that a hospital only provides the way; they must provide the means.*

#### **HOSPITAL RATES**

##### **All Bills Are Payable Weekly in Advance**

Per day in four-bed ward . . . . .	\$ 1.50 and \$2.00
Per day in two-bed room . . . . .	2.00
Per day in private room . . . . .	2.50 to 4.00
Operating room fees:	
Major operations—days . . . . .	7.00
Major operations—nights and Sundays . . . . .	10.00

Confinement room fee.....	\$ 5.00
Drugs and dressings as to requirements of case.	
Special nurse from Training School, per day.....	2.50
Graduate Nurse, per week with board.....	32.00

#### Rules for Visitors

Friends of patients will be admitted to the wards daily from 2 to 4 and 7 to 9 P. M. Only two persons will be allowed to visit a patient at the same time.

Visiting in private rooms is not allowed earlier than 11 A. M., nor later than 9 P. M., except by special permit, and but two persons will be admitted at each bedside at the same time.

Articles of food or drink must not be carried into the wards; they may be left with the nurse in charge, and, if approved by the physician, will be sent to the patient.

Visitors must observe perfect order and propriety while in the Hospital; must confine their visits to their immediate friends; must not stop or loiter in halls, offices, or on the stairways, and must leave the building *promptly* at end of visiting hours.

Visitors will not be admitted at any other than the regular visiting hours without permission from the Superintendent.

#### Ownership and Control

The Bronson Hospital is owned by the Bronson Hospital Association, membership in which can be had by the payment of five dollars annual dues and signing the By-Laws. Life membership \$25.00. The membership of the association at its annual meeting elects the Board of Directors, which consists of twelve members. The Board in turn elects its own officers and conducts the activities of the Hospital through the Manager. In general the Board has control of the Institution, the management of its affairs, and has charge of all its funds and property. The Manager of the Hospital is the executive head of the Institution. Among his duties may be enumerated, general supervision of the Hospital as a whole; its finances; purchasing of supplies, repairs; engaging and supervision of the working forces in general. He shall render reports on his work to the Board of Directors, embodying in the same the financial status of the Hospital and statistics of the various departments.

#### Buildings

Bronson Hospital is a strictly fireproof building, erected in 1905. It consists of three stories and a basement, and has a capacity of 46 beds in addition to the space required for the executive offices. The lot on which it stands is large enough for an addition to be added covering as much ground space as the present building occupies. The building has well equipped operating rooms, delivery room and diet kitchens. The different floors are reached by means of an automatic Otis passenger elevator, while trays are delivered by means of an electric dumb waiter, easily accessible from the diet kitchen. A laboratory for the use of attending physicians and the teaching of laboratory technique to the nurses has been provided.

**How You May Help the Hospital**

- By becoming a member of Bronson Hospital Association.
- By giving \$5,000 to endow a bed in perpetuity.
- By giving \$20,000 for the endowment of a private room in perpetuity.
- By giving any amount to the Endowment Fund, that your money may be doing good long after you have gone.
- By remembering the Hospital in your will.
- By seeking to interest your friends in the work of the Hospital.
- By recommending Bronson Hospital to persons requiring Hospital care.
- By using your influence to have the various societies of your Church and community support the Hospital regularly.
- By sending donations of fresh eggs, table delicacies, such as jams, jellies, canned fruit, pickles, marmalades, etc., through the various organizations of your Church, Lodges and Societies.

**Form of Bequest**

*I give and bequeath to BRONSON HOSPITAL, of Kalamazoo, Mich., a corporation (not for profit) existing under the laws of the State of Michigan or to the treasurer thereof for the time being for its corporate purposes, the sum of..... Dollars.*

**Form of Devise of Real Estate**

*I give and devise to BRONSON HOSPITAL, of Kalamazoo, Mich., a corporation (not for profit) existing under the laws of the State of Michigan, for its corporate purposes, all that, etc.*

(Here describe the property.)

**Very Desirable Gifts**

Few persons not intimately associated with hospital work have a correct understanding of the amount of linen necessary to furnish a single bed for one day or to maintain it for one year.

Each bed when properly made up should have, beside the mattress and rubber sheet, three sheets, two pillow cases, one pair of blankets, and one counterpane. Each patient should be allowed in addition enough linen to provide for necessary changes and to replace worn-out articles. The list for one year should include:

12 sheets, 72x90	6 napkins
12 pillow cases, 22x36	6 tray cloths
2 pairs blankets	3 stand covers
2 counterpanes	4 bath towels
12 face towels	

Other articles such as children's aprons, nightgowns, wrappers, bedroom slippers, et cetera, canned and fresh fruit and vegetables, jellies and delicacies of all kinds, yearly subscriptions to magazines, books for the library, flowers and potted plants, are always acceptable.



OPERATING ROOM CORRIDOR

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## SURGICAL RECORD

Total number Operations ..... 1646

Number Patients operated upon:

	Cases	Deaths	Mortality
Eye, Ear, Nose and Throat	659	0	0 %
Including Mastoid	659	0	0 %
General Surgery and Gynecology	390	17	4 %
Totals	1049	17	1.6%

### Anaesthetics

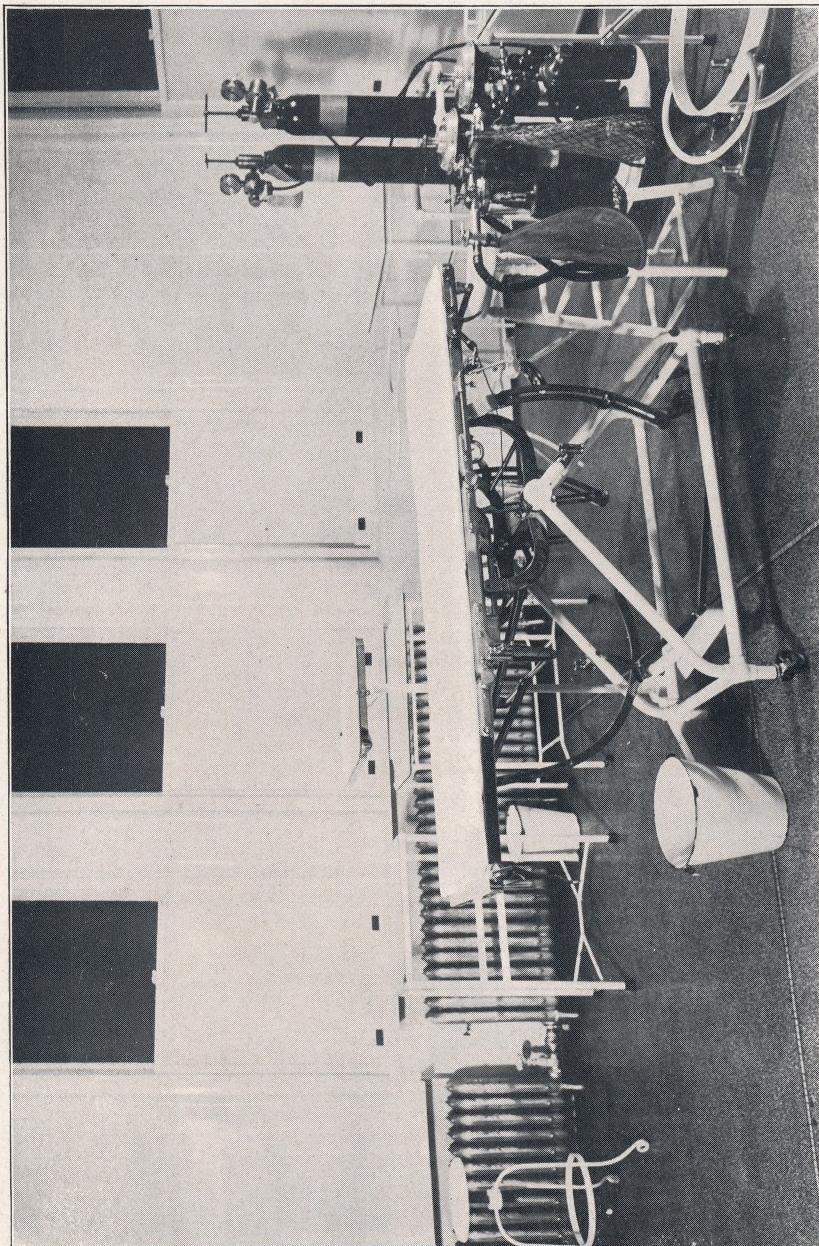
Ether	811
Chloroform—Ether	47
Chloroform	7
Gas-Oxygen	38
Gas-Oxygen and Ether	26
Local	113
None	7

CRANIUM	Adm.	Dis.	Died
Mastoid operations	6	6	
Paracentesis Memb. tympani	2	2	
Paracentesis antrum of Highmore	1	1	
Trephine—Jacksonian epilepsy	1	1	
Trephine—Fracture of skull	1		1
Wound—lacerated, suture of	3	3	
Wen—excision	1	1	

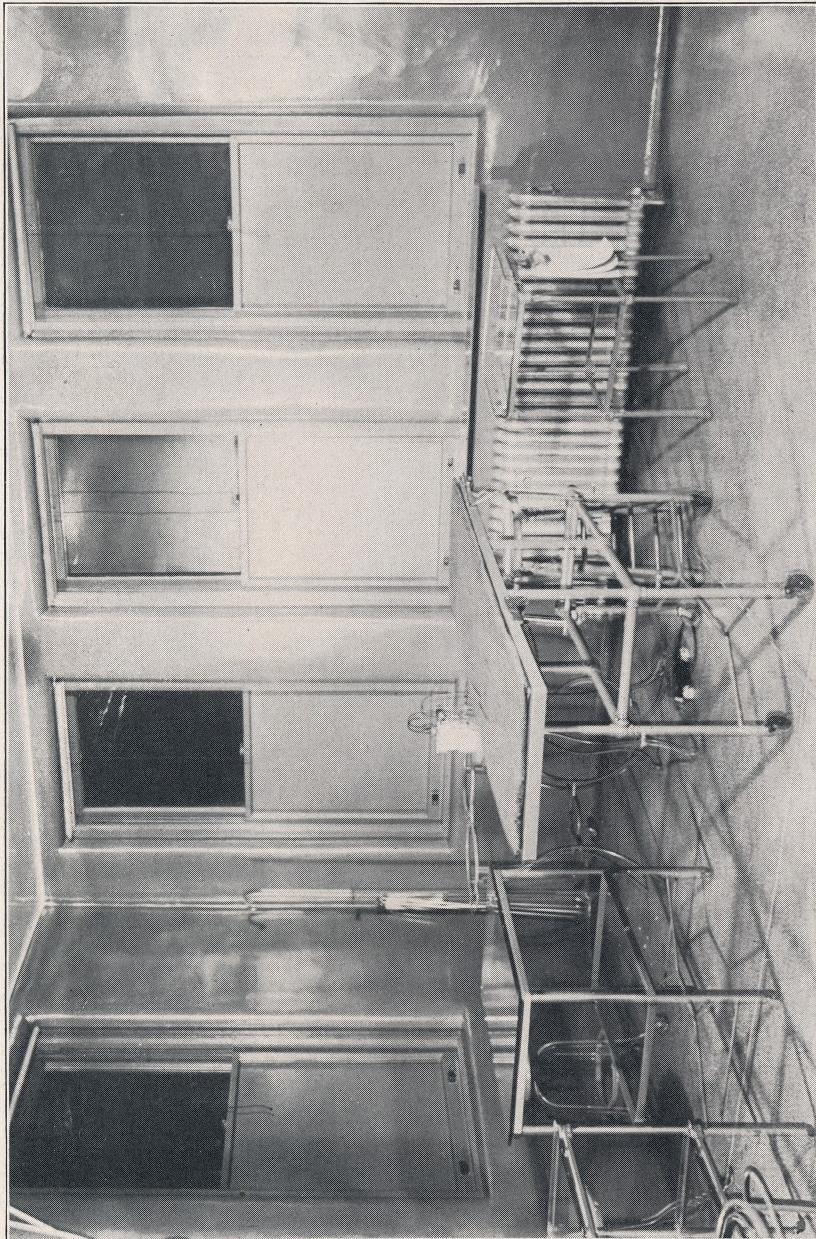
EYE	
Cataract—senile	4
Capsulotomy	1
Discission lens capsule	1
Enucleation of eye—traumatic	2
Enucleation of eye—hydropthalmus	1
Ectropion	1
Foreign body extracted with magnet	2
Iridectomy	1
Pterygium	1
Strabismus, op. for	1
Trephine—glaucoma	1
Wound—lacerated—cornea	1

FACE	
Carcinoma—cheek and jaw cautery (1 patient)	3
Carcinoma—lip and cervical glands excised	2
Carcinoma—submaxillary glands	1
Carcinoma—lip excision (for diagnosis)	1
Ethmoid cells—exenteration of	3
Epithelioma, lip—excision	2
Epithelioma, cheek—excision	1
Lachrymal duct opened	1
Necrosis, jaw bone—curvet and drain	2
Plastic on mouth	1

	Adm.	Dis.	Died
<b>FACE—Continued</b>			
Sarcoma, jaw—resection . . . . .	1	1	
Sinus, frontal—curret . . . . .	1	1	
Sinus, nose—drainage . . . . .	2	2	
Submucous resection—deviated septum . . . . .	20	20	
Tie-douloureux— injection treatment . . . . .	6	6	
Turbinectomy—hypertrophy . . . . .	12	12	
Teeth, extraction of . . . . .	12	12	
Tumor, forehead—excision . . . . .	1	1	
Wound, lacerated— suture of . . . . .	1	1	
Tongue—partial excision with glands of neck, carcinoma . . . . .	1	1	
<b>NECK</b>			
Adenoids—removed . . . . .	262	262	
Glands—tubercular—dissection . . . . .	1	1	
Glands—carcinoma—dissection . . . . .	1	1	
Glands—inflammatory—dissection . . . . .	2	2	
Cyst—excision . . . . .	1	1	
Papilloma—excision . . . . .	1	1	
Tonsils—removed . . . . .	336	336	
Uvulotomy . . . . .	1	1	
<b>THYROID</b>			
Thyroidectomy—exophthalmic . . . . .	15	15	
Thyroidectomy—simple goitre . . . . .	6	6	
Thyroid vessels—ligation . . . . .	1	1	
<b>BREAST</b>			
Abscess—drained . . . . .	1	1	
Radical amputation with axillary glands, cancer . . . . .	10	10	
Amputation with axillary glands—mastitis . . . . .	1	1	
Amputation with axillary glands—fibromata . . . . .	1	1	
Amputation with axillary glands—cystic . . . . .	1	1	
Amputation, breast—mastitis . . . . .	1	1	
Amputation, breast—cyst . . . . .	1	1	
Adeno-cystoma—tumor excised . . . . .	1	1	
Cyst—excision . . . . .	1	1	
Fibroma—excision . . . . .	1	1	
Tumor—excision . . . . .	4	4	
<b>CHEST</b>			
Abscess, lung—resection rib . . . . .	1	1	
Abscess, sternum—drained . . . . .	1	1	
Abscess, subpectorai—drained . . . . .	1	1	
Rib, resection for empyema . . . . .	4	4	
<b>RECTUM</b>			
Abscess—ischio rectal—drained . . . . .	1	1	
Fistula in ano—dissection of . . . . .	4	4	
Hemorrhoidectomy . . . . .	10	10	
Sphincter ani—repair of lacerated wound . . . . .	1	1	
Sphincter ani—dilatation of . . . . .	6	6	
<b>MALE GENITAL</b>			
Carcinoma of frenum—excision . . . . .	1	1	
Carcinoma—testicle—excised . . . . .	1	1	
Circumcision . . . . .	21	21	
Tumor of epididymis—excision . . . . .	1	1	
Varicocele—operation for . . . . .	3	3	
Vasectomy—tubercular . . . . .	1	1	
<b>MINOR OPERATIONS</b>			
Bartholin's glands, inflammatory—excision . . . . .	3	3	
Caruncle—urethra—excision . . . . .	3	3	



WHITE OPERATING ROOM



GRAY OPERATING ROOM

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MINOR OPERATIONS—Continued	Adm.	Dis.	Died
Cervix—cautery . . . . .	1	1	
Cervix—amputation of . . . . .	8	8	
Cervix—dilatation of . . . . .	4	4	
Cervix—dilatation of and pessary insertion stenosis . . . . .	2	2	
Cervix—dilatation of and pessary (sterility) . . . . .	1	1	
Curettage—acute and chronic . . . . .	68	68	
Fibroids of uterus—removed . . . . .	5	5	
Colporrhaphy—cystocele . . . . .	13	13	
Meatotomy . . . . .	1	1	
Papilloma—vulva—excision . . . . .	1	1	
Perineorrhaphy . . . . .	61	61	
Pelvic abscess—vaginal puncture . . . . .	4	4	
Therapeutic abortion—tuberculous lungs . . . . .	2	2	
Trachelorrhaphy—laceration of cervix . . . . .	5	15	
Urethrorrhaphy . . . . .	1	1	
Uterine polyp—excision . . . . .	4	4	
Urethral polyp—excision . . . . .	1	1	
Vaginal puncture—pyosalpinx . . . . .	2	2	
Vagina, dilatation of—stenosis . . . . .	1	1	
<b>MISCELLANEOUS</b>			
Abscess—hepatic—drained . . . . .	1		1
Abscess—perineal—drained . . . . .	3	3	
Abscess—gluteal—drained . . . . .	1	1	
Abscess, appendiceal—drained . . . . .	7	6	
Gland, forearm—excision . . . . .	1	1	
Gland, inguinal—excision . . . . .	1	1	
Carbuncle, arm—drained . . . . .	1	1	
Lipoma, back—excision . . . . .	1	1	
Lipoma, gluteal—excision . . . . .	1	1	
Lipoma, axilla—excision . . . . .	1	1	
Tumor, post pharyngeal excision . . . . .	1	1	
Tumor, lip—excision . . . . .	1	1	
Tumor, broad ligament—excision . . . . .	1	1	
Tumor, epiploic appendix, excision . . . . .	1	1	
<b>AMPUTATIONS</b>			
Finger, infected . . . . .	4	4	
Finger, injury . . . . .	6	6	
Finger, necrosis . . . . .	1	1	
Toe, injury . . . . .	1	1	
Leg, gangrene . . . . .	2	2	
Leg, diabetic gangrene . . . . .	1	1	
<b>FRACTURES</b>			
Colles fracture . . . . .	1	1	
Humerus—reduction . . . . .	3	3	
Fibula—reduction . . . . .	1	1	
Femur—reduction . . . . .	1	1	
Pelvis . . . . .	1		1
Tibia—reduction . . . . .	1	1	
Ulna—reduction . . . . .	2	2	
Patella, suture of . . . . .	2	2	
<b>JOINT OPERATIONS</b>			
Hallux Valgus—operated for . . . . .	1	1	
Hip—congenital dislocation . . . . .	1	1	
<b>BONE OPERATIONS</b>			
Albee bone operation—fracture of tibia . . . . .	2	2	
Albee bone operation—fracture of neck of femur . . . . .	1	1	
Albee bone operation—Potts disease . . . . .	1	1	

## MISCELLANEOUS

	Adm.	Dis.	Died
Abscess, foot—drainage.....	1	1	
Abscess, hand—drainage.....	2	2	
Foreign body—hand—removed.....	1	1	
Foreign body—thigh—removed.....	1	1	
Ganglion—hand palmar—excision.....	1	1	
Ganglion—wrist—excision.....	1	1	
Ganglion—instep—excision.....	1	1	
Exostosis femur—removed.....	1	1	
Exostosis oscalcus—removed.....	1	1	
Osteomyelitis—curet and drain—tibia.....	1	1	
Osteomyelitis—curet and drain—femur.....	2	2	
Osteomyelitis—curet and drain—foot.....	1	1	
Osteomyelitis—curet and drain—elbow.....	1	1	
Periostitis—curet and drain—tibia.....	2	2	
Suppurative fracture, tibia—drainage and irrigation Dakin's Solution.....	1	1	
Talipes equino varus—tenotomy.....	1	1	
Varicose veins—excision.....	1	1	
Tendon—suture.....	3	3	
Tendon—adherent, release.....	1	1	
Wound, lacerated—suture of—foot.....	3	3	
Wound, lacerated—suture of—thumb.....	1	1	

## ABDOMINAL INTRAPERITONEAL

## Stomach

Gastrectomy—partial; ulcer of duodenum.....	1	1
Gastrotomy—exploratory for carcinoma.....	1	
Gastro-enterostomy.....	1	1
Gastro-enterostomy—Gastric ulcer.....	1	1
Gastro-enterostomy—duodenal ulcer.....	1	1
Gastro-enterostomy—carcinoma of pylorus.....	1	1
Pyloro-plasty—benign constriction of pylorus.....	2	2
Perforation of stomach—closed.....	1	1
Ulcer of stomach—closed.....	1	1
Plastic enlargement of gastro-enterostomy opening.....	1	1
Ulcer, excised.....	1	1

## INTESTINES

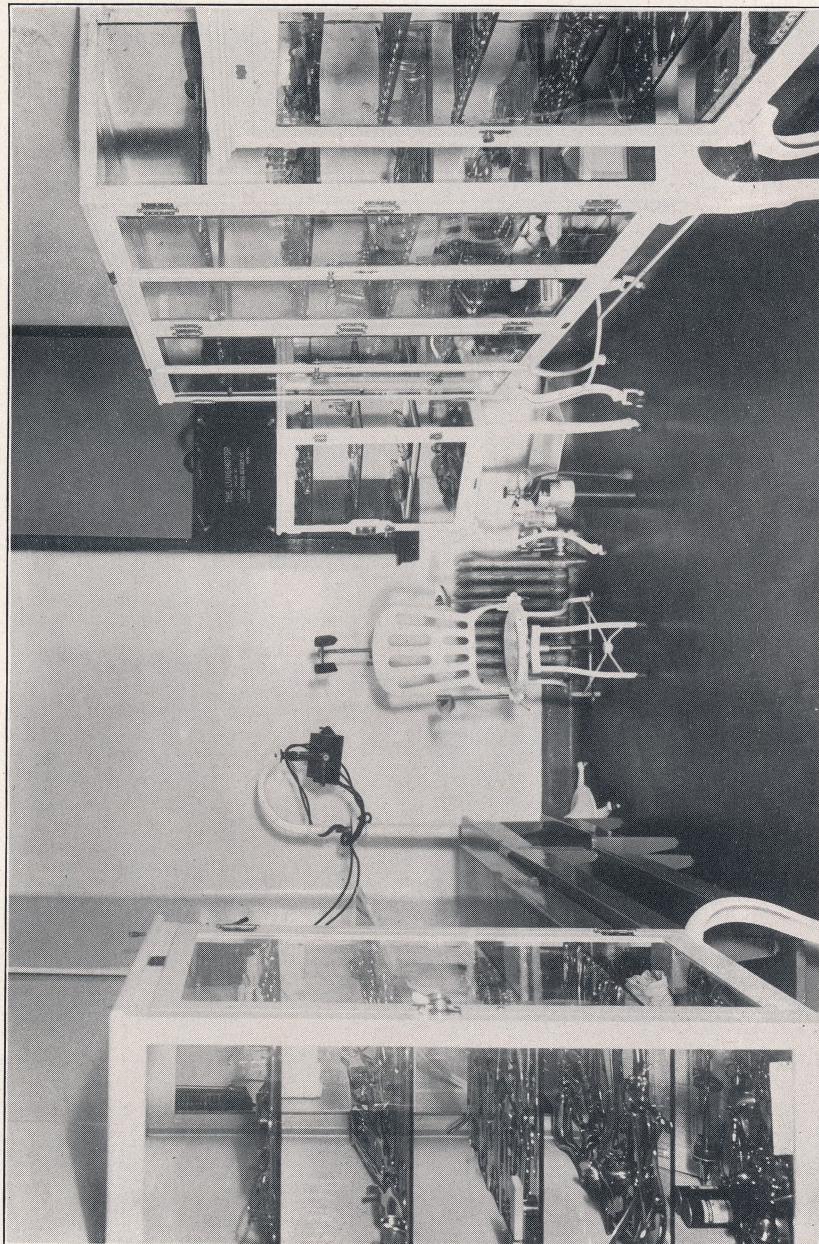
Appendectomy—acute—suppurative.....	70	69	1
Appendectomy—chronic.....	142	142	
Appendectomy—normal (incident to other ops.).....	16	16	
Appendectomy—cystic.....	1	1	
Appendectomy—Tuberculosis.....	1	1	
Diverticulectomy.....	2	2	
Laparotomy for adhesions without obstruction.....	35	33	2
Resection of sigmoid and part of rectum—carcinoma.....	1		1
Resection of small bowel for perforation.....	1	1	

## LIVER AND GALL BLADDER

Exploratory laparotomy for abscess of liver.....	1	1
Cholecystectomy—stones.....	7	7
Cholecystectomy—Post-operative adhesions.....	1	1
Cholecystectomy—Carcinoma.....	1	1
Cholecystectomy—Cholecystitis.....	6	5

## HERNIA

Femoral.....	2	2
Inguinal.....	17	17
Inguinal—strangulated.....	3	2



INSTRUMENT ROOM

	Adm.	Dis.	Died
<b>HERNIA—Continued</b>			
Indirect.....	3	2	1
Scrotal.....	1	1	
Umbilical.....	1	1	
Umbilical—strangulated.....	1	1	
Ventral.....	2	2	
<b>UTERUS</b>			
Caesarean Section—abdominal.....	1	1	
Caesarean Section—vaginal.....	2	2	
Exploratory laparotomy—malignancy or cyst.....	1	1	
Hysterectomy—Supravaginal—retroposition.....	8	8	
Hysterectomy—Supravaginal—subinvolution.....	12	12	
Hysterectomy—Supravaginal fibroid.....	17	17	
Hysterectomy—Supravaginal cancer.....	1	1	
Hysterectomy—Supra-vaginal polyp-inflammation.....	1	1	
Hysterectomy—tuberculous lungs.....	2	2	
Hysterectomy—complete, cancer.....	3	3	
Hysterectomy—complete, fibroid.....	2	2	
Hysterectomy—vaginal, prolapse.....	6	6	
Hysterectomy—complete, prolapse.....	1	1	
Hysterectomy—vaginal, carcinoma.....	1	1	
Carcinoma, cervix—Percy method.....	2	2	
Shortening of round ligaments.....	32	32	
Myomectomy.....	1	1	
Watkins Interposition, Operation for prolapse .....	2	2	
<b>MISCELLANEOUS</b>			
Exploratory laparotomy.....	4	3	1
Laparotomy for resection of uterine cornua.....	5	5	
Lipectomy.....	2	2	
<b>TUBES—OVARIES</b>			
Laparotomy for extra-uterine pregnancy.....	4	4	
Laparotomy for hydro-salpinx.....	4	4	
Laparotomy for dermoid cyst.....	3	3	
Laparotomy for Ovarian cyst.....	29	29	
Laparotomy for ovaritis.....	8	8	
Laparotomy for Pyo-salpinx.....	2	2	
Laparotomy for Salpingitis—tuberculous.....	1	1	
Laparotomy for Salpingitis.....	18	18	
Laparotomy for Salpingo-ovaritis.....	36	35	1
<b>KIDNEY</b>			
Nephrectomy—tuberculosis.....	3	3	
Nephrotomy—inflammatory.....	2	2	
<b>BLADDER—PROSTATE</b>			
Exploration of bladder.....	2	1	1
Cystotomy—excision of papilloma.....	1	1	
Lithotomy—stone.....	1	1	
Prostatectomy—hypertrophy (perineal).....	7	7	

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## COMMENT ON THE SURGICAL REPORT OF BRONSON HOSPITAL FOR 1917

For those not familiar with the medical terms used in the report

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There were 262 consecutive operations for the removal of adenoids without a death.

There were 336 consecutive operations for the removal of diseased tonsils without a death.

Cataract of the eye removed in four cases with good results.

Twenty-one patients were operated upon for the removal of goitre, without a death. Fifteen of these were of the exophthalmic variety.

Cancer of the breast was removed in ten cases by means of the radical operation, without a death.

There were 212 operations for appendicitis. All recovered with the exception of one. In addition appendices were removed in 16 other cases incident to other operations.

Diseased prostate glands removed from seven patients, with no deaths.

Removal of kidney for tuberculosis in three cases with no deaths.

One hundred and five patients were operated upon for pelvic disease with but one death.

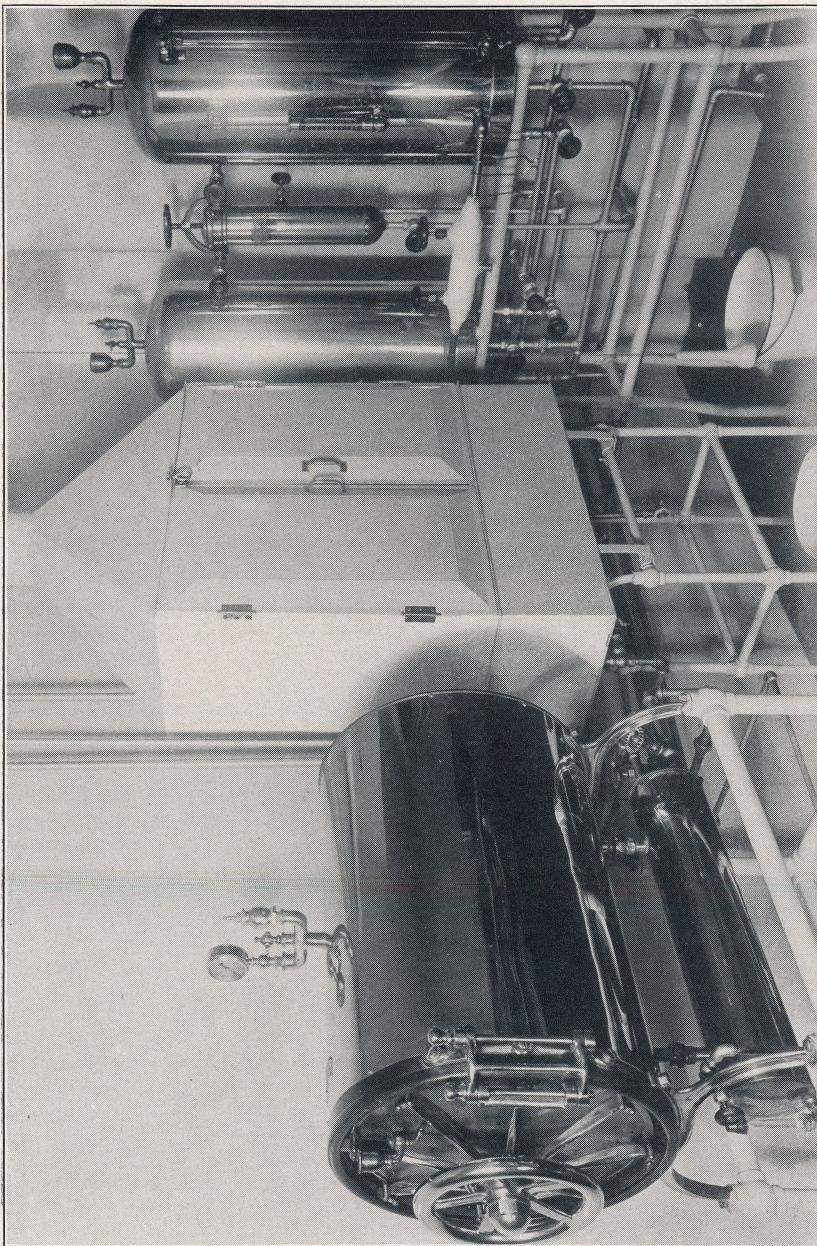
Among the unusual operations during the year may be mentioned the following:

Resection of rib and drainage of abscess of the lung. Recovered.

Three cases of repair of fractured bones by means of a graft taken from the shin bone of the patient. All recovered with good results.

Little girl, ten years old, with hunchback, due to tuberculosis. Piece of bone grafted from her leg into the diseased portion of the spine. Good recovery.

See Summary Page 24



CORNER OF STERILIZING ROOM

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## SURGICAL MORTALITY

Male, age 75. Fell from ladder 12 or 14 feet to ground. Diagnosed fracture of skull. Unconscious on entering hospital. Operation—trephine. Died four days later.

Female, 50 years of age. Fracture of the pelvis (multiple) incident to railway accident, and including extra-peritoneal rupture of the bladder. Exploratory laparotomy done. Bladder sutured. Died five days later, instantaneously; probably embolus.

Female, 38 years. Peri-hepatic abscess from septic abortion ten days before. Moribund when she entered the hospital. Abscess drained under local (Novocain) anaesthetic, operation taking about ten minutes. Died three hours later, evidently from infection present when she entered the hospital.

Male, age 30. Acute appendicitis with general peritonitis. Operated under ether anaesthetic. Died seventeen days after operation from progression of the peritonitis.

Female, 41 years. Acute suppurative salpingitis. Under ether anaesthesia double salpingectomy was done. Died 24 hours after operation.

Baby, one month of age. Appendicitis. Treated medically three or four days before entering the hospital. Abdomen was markedly distended and baby nearly moribund. Abdomen opened under ether and six to eight ounces of pus removed. Drainage established. Baby died 49 hours after operation. Post mortem disclosed a long appendix, in the pelvis, with perforation at the base.

Male, 70 years. Cancer of stomach. Moribund when operated. Ether anaesthesia. Exploratory only. Died 24 hours after operation.

Male, age 32. Cancer of the rectum, probably present about one year. Sigmoidostomy done at another hospital four months before. Under ether anaesthetic resection of the rectum was done. Patient died day after operation, probably from shock.

Male, 47 years of age. Sick four months with bladder symptoms. Three months previously papillomata removed from the bladder. During present operation bladder was opened and found to be filled with cancer. Exploratory only was done. Patient died fifth day after operation.

Male, age 61. Cancer of the stomach. Gastenterostomy under ether followed 18 days later by intestinal obstruction due to small intestines strangulating through the meso-colon where the gastrostomy was made. Patient died one day after operation to relieve the strangulation.

Male, age 50. Intestinal obstruction due to appendicitis. Did not enter hospital until three days after onset of obstruction. In bad condition. Obstruction relieved by operation under ether anaesthetic. Patient died two days after operation from the toxemia incident to the obstruction.

Baby, about five months old. Symptoms of intestinal obstruction for 48 hours. Brought to the hospital in very bad condition. On opening the abdominal cavity, under ether anaesthesia, a general tubercular peritonitis was observed with many adhesions, some of which caused complete intestinal obstruction, in the ileo-cecal region mostly. Baby died five hours after operation from the toxemia incident to the obstruction.

Female, age 41. Diagnosed cholecystitis. Under ether anaesthesia a cholecystotomy was done. Died seven days after operation with myocarditis, which was present before operation.

Male of 48, in good condition. Operated under ether anaesthesia for inguinal hernia. Died about eight or ten days after operation. Post mortem disclosed obstruction of the bowel at the site of operation, and pneumonia.

Strangulated femoral hernia. Ether anaesthesia. Patient in very bad condition. Died within the first 24 hours after operation.

Female, 38 years of age. Entered hospital with marked condition of puerperal sepsis, which had been present for about four weeks. Tenderness in the region of the gall bladder caused diagnosis of an abscess in this region. Exploratory laparotomy done. Gall bladder and abdomen negative, otherwise than a spleen about four times normal size.

Female, 56. In bad condition from ulcer of the duodenum. Partial gastrectomy. Ether anaesthesia. Died from shock one hour after operation.

#### SUMMARY

Total number operated cases .....	1049
Total number deaths .....	17
The 17 deaths included:	
Moribund cases .....	3
Hopeless cancer .....	4
Late intestinal obstruction .....	2
Puerperal sepsis (contracted outside of hospital) .....	2

11

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## OBSTETRICAL RECORD

### YEAR ENDING OCTOBER 1, 1917

	No.	Cases	Rec.	Died	Per Cent
Confinements.....	170	168	2	1.2	
Normal delivery for mother and babe.....	119				
Normal delivery still births.....	2				
Normal delivery premature.....	3	124	124		
Breech delivery.....		4	4		
Forceps delivery.....	High.....	18	18		
	Low.....	13	11		
Induced labor.....				2	
(Bag cases, mostly normal).....	8		8		
Caesarian Section:					
Abdominal, for toxemia.....	1				
Vaginal, for chorea.....	1				
Vaginal, for toxemia.....	1	3	3		
		—	—		
	170	168	2		

### Gynecology Incident to Delivery

#### Perineorrhaphy:

Immediate				
Ordinary.....	57			
Complete muscle operation.....	19	76		
Secondary (old lacerations without injury during present labor)				
Complete muscle operation.....	6	6		
	—	—		
	82			

### OBSTETRIC MORTALITY

Case No. 658—A very robust, athletic young woman 23 years old. First pregnancy. Eight and one-half months gestation. Perfectly well until three days before entering the hospital. During this time she complained of rapid progression of abdominal pain, distention, vomiting and exhaustion. The exhaustion was perhaps the most marked symptom outside of the persistent vomiting, and complained of very bitterly. Pulse 160, temp. 99.5. Patient looked very toxic. Albumin eight percent, granular casts, no blood. Elimination obtained by enema; first in three days. Pulse went down to 120, but the exhaustion continued most marked. Expectancy about twenty-four hours, when pains began. Delivery accomplished to the perineum. Exhaustion progressed. Pulse again went to 160. Low forceps, episiotomy, easy delivery. Fetus dead, badly macerated. Placenta apparently normal and complete. Patient recovered from the anaesthetic; complained of exhaustion. Later indifferent to surroundings, cyanotic, rapid respiration, temperature 97.8. Died 24 hours after delivery. Post Mortem:—No evidence of peritonitis. Uterus normal in all respects as were both tubes and ovaries. Appendicitis obliterans. Gall bladder normal. Upper half of small intestines rather distended and vessels showed deep injection. No evidence of obstruction. Intestinal tract otherwise normal. No mesenteric thrombi. Kidneys and

bladder normal. Spleen rather small in size. On section showed very little connective tissue. Liver considerably contracted,  $\frac{1}{2}$ " under the costal arch, consistency normal, no adhesions. Marked mottled appearance which could be seen under the peritoneal covering. Yellow colored areas were observed on section throughout the left lobe but also extending for considerable distance into the right lobe, sharply defined against the dark red normal liver. Both grossly and microscopically degeneration of liver cells. The thorax was entirely normal.

Diagnosis—Acute yellow atrophy.

Case No. 74—Female, Para 2, age 36, five and one-half months gestation. Admitted in a wheel chair. Temperature 102, rectal. Pulse 132, resp. 52. When two months pregnant had acute tonsilitis, immediately followed by endocarditis which persisted until the time she entered the hospital. At this time patient was cyanotic with pulse and temperature as above, and believed to be due to endocarditis. Delivery by low forceps, and light ether anaesthesia for few minutes. Pulse went from 132–160. Acute dilatation of the heart accompanied delivery and persisted until death which resulted 24 hours afterwards.

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## MEDICAL RECORD

(This heading included all cases not given in the surgical and obstetrical records)

Total number cases.....	185
Total number deaths.....	26
Percent mortality.....	14

### MEDICAL DISEASES

Abscess—neck.....	1
Abortion—septic.....	2
Accidents—shock.....	4
Alcoholism—acute.....	1
Arterio-sclerosis.....	2
Arthritis—gonorrhreal.....	2
Arthritis—septic.....	2
Burns.....	5
Blindness—hysterical.....	1
Bronchitis.....	2
Brain—concussion of.....	1
Carcinoma—inoperable—stomach.....	1
Carcinoma—inoperable—prostate.....	1
Carcinoma—inoperable—colon.....	1
Carcinoma—inoperable—cervix.....	1
Carcinoma—inoperable—vagina.....	1
Carcinoma—inoperable—uterus.....	2
Coryza—acute.....	2
Cystitis—chronic.....	3
Cholecystitis—acute.....	1
Chorea—Gravidarium.....	1
Dilatation of heart—acute.....	1
For diagnosis.....	8
Dysentery.....	1
Debility—general.....	1
Diabetis—Mellitus.....	3
Dementia.....	2
Dementia—senile.....	1
Enteritis—acute.....	2
Endocarditis—septic.....	2
Epilepsy.....	2
Eczema—chronic.....	1
Feedings—normal babes.....	3
Gastro enteritis—acute.....	2
Hemorrhage—secondary.....	1
Hemorrhage—kidney.....	1
Hemiplegia.....	5
Hyperemesis—Gravidarium.....	2
Hodgkins Disease.....	1
Influenza.....	5
Infection—face.....	1
Infection—arm.....	1
Infection—abdominal wall.....	2
Indigestion—acute.....	1
Injuries—traumatic.....	9
Injuries—fatal.....	2
Lues	
Heart lesion.....	1
Ulcer—leg.....	1
Congenital.....	1

Lumbago.....	1
Morphinism.....	1
Mastitis—acute.....	2
Malnutrition.....	4
Myocarditis.....	2
Mitral Regurgitation.....	1
Neuritis—chronic.....	1
Neuritis—Post operative.....	1
Nephritis—acute.....	2
Nephritis—chronic.....	9
Paraplegia.....	2
Pneumonia—lobar.....	3
Pneumonia—bronchial.....	3
Pregnancy—Ectopic (For diagnosis).....	2
Poisoning—Morphine.....	1
Poisoning—Bichloride of Mercury.....	2
Poisoning—Gas.....	1
Poisoning—unknown.....	1
Prostatitis—chronic.....	3
Peritonitis—general.....	2
Peritonitis—local.....	1
Rectum, ulceration of.....	1
Rheumatism—Articular.....	2
Sciatica.....	1
Senility.....	2
Septicemia.....	2
Tonsillitis.....	3
Typhoid.....	5
Tuberculosis—pulmonary.....	1
Tuberculosis—glands of neck.....	1
Tuberculosis—pleural effusion.....	1
Uraemia.....	1
Ulcer—stomach.....	2
Ulcer—duodenum.....	2
Ulcer—syphilitic leg.....	1
Ulcer—varicose.....	1

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## MEDICAL MORTALITY

Case No. 408—Case of Morphine poisoning. Entered at 3 P. M. deeply cyanotic; respiration 8; mechanical, medical and electrical stimulation. Patient died at 4:45 without regaining consciousness.

Case No. 673—Case of Aortic Aneurism; specific myocarditis. Died nine hours after entering.

Case No. 147—Case of double Lobar Pneumonia. Died one week after entering.

Case No. 906—Accident case; run over by engine and both legs amputated. Died seven hours after entering.

Case No. 759—Case of inoperable Carcinoma of bladder. Died 12 hours after entering.

Case No. 339—Case of Mitral Regurgitation. Died one week after entering.

Case No. 761—Accident case; internal and head injuries. Died five hours after entering.

Case No. 680—Premature babe. Died of malnutrition after two weeks.

Case No. 832—Case of Senility. Died three days after entering.

Case No. 1159—Case of Chorea. Died three days after entering.

Case No. 1107—Case of Chronic Nephritis. Died seven days after entering.

Case No. 1064—Case of Hemiplegia. Entered unconscious. Died four days after entering.

Case No. 824—Case of Acute Dilatation of heart; entered moribund. Died seven hours after entering.

Case No. 367—Case of General Septicemia following a frontal sinusitis. Died two days after entering.

Case No. 1049—Case of Chronic Nephritis. Died six days after entering.

Case No. 959—Accident case. Died 15 minutes after entering.

Case No. 400—Case of Appendicitis; Acute Peritonitis; Epilepsy. Died seven hours after entering.

Case No. 201—Case of Septic Endocarditis. Died nine days after entering.

Case No. 194—Case of Hodgkins Disease. Died nine days after entering.

Case No. 1164—Case of Hemiplegia. Died 28 days after entering.

Case No. 1136—Case of Lobar Pneumonia. Died 14 days after entering.

Case No. 1059—Case of Hemiplegia. Entered unconscious and died two days after entering, without regaining consciousness.

Case No. 978—Case of Chronic Nephritis. Died 25 hours after entering.

Case No. 1197—Case of third degree burns. Died eleven days after entering.

Case No. 1010—Case of Chronic Nephritis. Died three days after entering.

Case No. 1094—Case of tertiary lues. Died five days after entering.

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# THE TRAINING SCHOOL FOR NURSES

#### Officers of the School and Hospital

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Geo. P. Wigginton	Vice-President
Geo. J. Putt	Treasurer
J. E. Broyles	Sec'y and Gen. Mgr.
Edna G. Wildermuth, R. N. (Illinois)	Supt. of Nurses

#### Training School Committee:

Prof. A. N. De Long      Mrs. C. D. Pinckney      Mr. J. E. Broyles

#### Faculty for 1917-18:

*R. E. Balch, M. D., Major U. S. R.	Surgery
A. S. Youngs, M. D.	Medicine
E. P. Wilbur, M. D.	Otology and Ophthalmology
C. B. Fulkerson, M. D.	Laryngology and Rhinology
C. E. Boys, M. D.	Gynecology and Obstetrics
A. B. Ellsworth, M. D.	Anatomy
A. H. Rockwell, M. D.	Contagious Diseases
G. L. Bliss, M. D.	Pediatrics
Eva Rawlings, M. D.	Psychiatry
A. W. Crane, M. D.	X-ray apparatus, use and care
J. B. Jackson, M. D.	Hospital Laboratory
W. A. Perkins	Bacteriology and Chemistry
E. G. Wildermuth, R. N.	Preliminary Science
Margaret Bivens, R. N.	Operating room technique
Ruth Brenneman	Dietetics

\*Note—During Dr. Balch's service in the Army his work will be substituted by someone selected from the Faculty.

#### Requirements for Admission to Training School for Nurses

- (1) Age between 19 and 32.
- (2) Good health.
- (3) Certificate of good moral character from three responsible persons in the community from which the applicant comes; preferably these three persons to be the local minister, a teacher and the family doctor.
- (4) Satisfactory preliminary education.  
While the Michigan State Board of Registration for Nurses requires a

diploma from the 8th grade, it is the policy of this hospital to require a High School diploma. An occasional exception may be made to this if other conditions are unusually satisfactory.

At the present time about 75 per cent of the nurses in training are High School graduates and it is the desire to increase this percentage as rapidly as possible until all have this amount of preparation.

Applications should be made to the Superintendent of Nurses.

#### **Course of Instruction**

The course of instruction covers a period of three years including a three months' probation. The work in each department is graded, beginning with the fundamental and passing to the more advanced. In general the outline of work as advised by the Michigan State Board of Registration for Nurses is followed.

#### **FIRST YEAR**

##### **First Course Beginning in October**

Preliminary Sciences—Probationers instruction.....	Mrs. Wildermuth
Nursing—recitations and demonstrations, 53 hours.....	Mrs. Wildermuth
Anatomy and Physiology—recitations and demonstrations, 30 hours.....	Mrs. Wildermuth
Hygiene—12 hours.....	Dr. Rockwell
Bacteriology—15 hours, recitations and demonstrations.....	{ Dr. Perkins and Mrs. Wildermuth
Materia Medica—12 hours.....	Mrs. Wildermuth
Chemistry—recitations and demonstrations, 6 hours.....	Dr. Perkins
Dietetics—recitations and demonstrations, 12 hours.....	Miss Brenneman
Ethics—4 hours.....	Mrs. Wildermuth

#### **SECOND YEAR**

##### **First Course Beginning in October**

Anatomy and Physiology, course of ten lectures.....	Dr. Ellsworth
Medical diseases—22 hours—lectures and quizzes.....	Dr. Youngs
Dietetics—recitations and demonstrations—12 hours.....	Miss Brenneman
Surgery—course of 13 lectures.....	Dr. Balch
Obstetrics—recitations and demonstrations—20 hours.....	Dr. Boys
Practical Massage.....	Miss Halliday, R. N.
Urinalyses—practical work in the laboratory under the supervision of J. B Jackson, M. D. and Miss Bivens.....	

#### **THIRD YEAR**

##### **First Course Beginning in October**

Gynecology—course of 12 lectures.....	Dr. Boys
Pediatrics—course of 18 lectures.....	Dr. Bliss
Communicable diseases—course of 6 lectures.....	Dr. Rockwell
Eye and Ear—course of 10 lectures.....	Dr. Wilbur
Nose and Throat—course of 10 lectures.....	Dr. Fulkerson
Psychiatry—course of 10 lectures.....	Dr. Rawlings
Operating room technique.....	Miss Bivens

**NURSES IN THE SCHOOL**

Wygent, Elsie . . . . .	Benton Harbor, Mich.
DeMoor, Mary . . . . .	Kalamazoo, Mich.
Luyendyk, Lydia . . . . .	Kalamazoo, Mich.
Nielson, Sophia . . . . .	Kalamazoo, Mich.
Smith, Fern . . . . .	Mears, Mich.
Nash, Gladys . . . . .	Vicksburg, Mich.
Beck, Ella . . . . .	Augusta, Mich.
Notley, Jennie . . . . .	Vicksburg, Mich.
Plumb, Elsie . . . . .	Paw Paw, Mich.
Fisher, Naomi . . . . .	Paw Paw, Mich.
Hofacker, Hilda . . . . .	Kendall, Mich.
Herrman, Blanche . . . . .	Kalamazoo, Mich.
Wightman, Lillian . . . . .	Vicksburg, Mich.
Thorne, Florence . . . . .	Hartford, Mich.
Erickson, Lief . . . . .	Kalamazoo, Mich.
Nickerson, Ada . . . . .	Galesburg, Mich.
Jenkins, Leona . . . . .	Battle Creek, Mich.
Taylor, Rose . . . . .	Kalamazoo, Mich.
Laroy, Nancy Irene . . . . .	Kalamazoo, Mich.
Carr, Jane . . . . .	Kalamazoo, Mich.
Kester, Hazel . . . . .	Richland, Mich.
Arnold, Effie . . . . .	Kalamazoo, Mich.
Difenderfer, Jean . . . . .	Three Rivers, Mich.
Verhage, Dorothy . . . . .	Kalamazoo, Mich.

**ALUMNI BRONSON HOSPITAL  
TRAINING SCHOOL  
FOR  
NURSES**

The following list is as complete as is available at this time. It has not been possible to ascertain all who have received their R. N., also married names and addresses in some cases. (Corrections are invited by the hospital management.)

**1907**

Josephine Collier (Mrs. Jesse Spitler) . . . . .	Dowagiac, Mich.
Harriett Campbell . . . . .	California
Sophia Van Hartesveldt—Public Health . . . . .	Grand Rapids, Mich.

**1908**

Mary Ruchoft, R. N.—Head Surgical Nurse—Dr. Howard Kelley's Private Hospital . . . . .	Baltimore, Mich.
Earl Cowlbeck . . . . .	Kalamazoo, Mich.

**1909**

Mae Fye, R. N.—Supt. Mercy Hospital . . . . .	Benton Harbor, Mich.
Theresa Norberg, R. N.—Supt. Shawnee Gen. Hospital . . . . .	Shawnee, Okla.
Eva Carr (Mrs. A. York) . . . . .	Kalamazoo, Mich.
Nellie Brody . . . . .	Stockholm, Sweden

**1910**

Grace Meengs—General Duty, City Hospital . . . . .	Menomonie, Wis.
Eva Cumbers—Red Cross . . . . .	Montreal
Irene Lage—City Hospital . . . . .	Menomonie, Wis.

**1911**

Nina Heath, R. N.—Private Duty . . . . .	Kalamazoo, Mich.
Hilda Haughwaut (Mrs. Gordon Thompson) . . . . .	New York, N. Y.
Anna Farthing, R. N.—Private Duty . . . . .	Kalamazoo, Mich.
Amy Eaton (Mrs. Frank Hackett) . . . . .	Canada
Josephine Cook—Private Duty . . . . .	Kalamazoo, Mich.
Helen Maul (Mrs. Fred Makins) . . . . .	Canada
Eva Knight, R. N.—Colon Hospital . . . . .	Canal Zone
Frances Flower (Mrs. H. M. Kennedy) . . . . .	Dowagiac, Mich.
Isabel Ramsey (Mrs. Verne Hayes) . . . . .	Battle Creek, Mich.
Bertha Brown—Private Duty . . . . .	Battle Creek, Mich.
Beulah Warfield, R. N. (Mrs. John C. Loop) . . . . .	Kokomo, Ind.

**1912**

Bernice Simons (Mrs. Olive Gitchell) . . . . .	Deerfield, Ill.
Grace Ward—Physician's Office . . . . .	Kalamazoo, Mich.
Hazel Briggs (Mrs. Chas. Miller) . . . . .	Kalamazoo, Mich.
Willetha Haughwaut (Mrs. Orrin Hodge) . . . . .	New York, N. Y.
Harriet Crosby (deceased) . . . . .	
Minnie Gitchel . . . . .	California

**1913**

Helen Teller—Private Duty.....	Ann Arbor, Mich.
Mina J. Weber, R. N.—Head Surgical Nurse, Base Hospital—Camp Custer.....	Camp Custer, Mich.
Wm. Huber—Private Duty.....	Kalamazoo, Mich.

**1914**

Estella Miller—Private Duty.....	Warsaw, Ind.
Anna Beareman (Mrs. Buell).....	Oshtemo, Mich.
Belle Whitcomb, Deaconess.....	Grand Rapids, Mich.
Madge Cady, R. N. (Mrs. Bruce Evans).....	Detroit, Mich.
Ruth Mumby, R. N. (Mrs. Stanley Beim).....	Lansing, Mich.
Amy Bailey (Mrs. Raymond Stewart) R. N.....	Chautauqua, Kansas.
Charlotte Garrison, R. N.—Government Health Ser.....	Spartenburg, S. C.

**1915**

Anna Heethuis, R. N.—Private Duty.....	Kalamazoo, Mich.
Lais Yerwis (Mrs. Frank Hicks).....	Kalamazoo, Mich.
Nellie Lemmar, R. N.—Private Duty.....	Kalamazoo, Mich.
Anna Gemrich, R. N.—Public Health.....	Kalamazoo, Mich.

**1916**

Suzanne Bauer, R. N.—Childs Welfare.....	Kalamazoo, Mich.
Emile Elmer (Mrs. White).....	Wisconsin
Emma Arnold, R. N.—Red Cross.....	France
Clara Olson, R. N.—Red Cross.....	France
Cora Fetteroff, R. N.—Private Duty.....	Kalamazoo, Mich.
Lena Bloem (Mrs. Byron White).....	Kalamazoo, Mich.
Emma Schwartz, R. N.—Physician's Office.....	Sturgis
Nellie Sullivan—Private Duty.....	Kalamazoo, Mich.
Una Frisbie, R. N.—Public Health.....	Kalamazoo, Mich.
Edith Campbell, R. N.—Red Cross.....	France

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